

WHAT PREVENTIVE CARE COVERAGE DO I HAVE?

The Highmark Preventive Schedule is a list of general care guidelines. We encourage you to take a copy of the schedule with you when you or a family member visits your medical provider.

The schedule includes tests that are performed for both routine and diagnostic reasons. If you are seeing your doctor and have not been diagnosed with a medical condition, you should expect the services to be performed for routine/preventive care. Only those procedures that are listed on the Preventive Schedule are covered during a preventive exam. If your doctor orders other tests, those tests may be subject to your deductible and/or coinsurance or they may be denied in certain instances. If you have a medical condition and the tests are being done to monitor the condition, then the services would be performed for diagnostic reasons and subject to your program's deductible, coinsurance and copay as applicable.

	WHEN SUBMITTED AS ROUTINE UNDER FIRST STATE BASIC	WHEN SUBMITTED AS ROUTINE UNDER COMP PPO	WHEN SUBMITTED AS ROUTINE UNDER CDH GOLD	WHEN SUBMITTED AS ROUTINE UNDER IPA/ HMO	WHEN SUBMITTED AS DIAGNOSTIC UNDER FIRST STATE BASIC	WHEN SUBMITTED AS DIAGNOSTIC UNDER COMP PPO	WHEN SUBMITTED AS DIAGNOSTIC UNDER CDH GOLD	WHEN SUBMITTED AS DIAGNOSTIC UNDER IPA/ HMO
Physical Exam	100%	100%	100%	100%	Covered at 90% after \$500 deductible	\$20 copay	Covered at 90% after a \$1,500 deductible	\$15 copay
Gynecological Exam including PAP test	100%	100%	100%	100%	Covered at 90% after \$500 deductible	Gyn Exam-\$30 copay; PAP Smear-\$10 copay	Covered at 90% after a \$1,500 deductible	Gyn Exam-\$25 copay; PAP Smear-\$10 copay
Mammogram as required	100%	100%	100%	100%	Covered at 90% after \$500 deductible	\$20 copay	Covered at 90% after a \$1,500 deductible	\$20 copay
Colorectal Screening	100%	100%	100%	100%	Covered at 90% after \$500 deductible	Ambulatory Surgery Center \$50 copay; Outpatient Hospital - \$100 copay	Covered at 90% after a \$1,500 deductible	Ambulatory Surgery Center \$50 copay; Outpatient Hospital - \$100 copay

Insurance carriers may differ in their preventive care schedules. If you or your doctor has questions about the administration of the care as listed on the schedule, please call Customer Service at the number listed on the back of your ID card.

* See the Preventive Schedule for specific procedures and risk factors.

TO ACCESS THE HIGHMARK PREVENTIVE SCHEDULE ON YOUR MEMBER WEBSITE:

- Log in to **www.highmarkbcbsde.com**. (If you do not have a login ID, you'll need to click on the "Register Now" link.)
- Click on the "Health and Wellness" tab, then "Healthy Living" link. Scroll down to "Preventive" and select "Preventive Schedule."

You can also call Customer Service for a copy of the schedule.

DIAGNOSTIC VERSUS PREVENTIVE CARE



Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association.



HOW CAN I PAY TWO DIFFERENT AMOUNTS FOR THE SAME PROCEDURE?



YOUR BENEFIT PAYMENT DEPENDS ON HOW YOUR DOCTOR CODES YOUR PROCEDURE

Diagnostic tests or screenings performed for treating or diagnosing a medical condition are typically covered at your plan’s standard benefit level. If you are seeing your doctor and have not been diagnosed with a medical condition, services would be routine.

WHAT’S THE DIFFERENCE?

In general, the difference is due to the reason for the exam. When you see a doctor for routine care, you would not have symptoms or a previous medical history that would require the doctor to perform the procedure(s). When you receive diagnostic care, the doctor is performing the procedure(s) to find out what is wrong with you or to treat your condition.

If you or your doctor has questions about the administration of the care as listed on the schedule, please call **Member Service at 1-800-633-2563**, Monday through Friday, 8 a.m. to 8 p.m.

SEE THE FOLLOWING EXAMPLES:

John, Janice, and Judy have procedures performed by their network physicians. All three have the same Comprehensive PPO plan. However, they pay different amounts for their care because John is receiving preventive care, Janice is receiving diagnostic care, and Judy is receiving both.

JOHN	JANICE	JUDY
REASON FOR EXAM: John turned 40 and figured he should have an annual exam to check his health.	REASON FOR EXAM: Janice is a diabetic and is recovering from a near heart attack. The doctor put her on a strict diet and exercise regime and wants to perform follow-up tests to measure her improvement.	REASON FOR EXAM: Judy needs to follow up with her doctor to see if her cholesterol-reducing medication is working. While there, she figures she should take care of her routine physical and get a flu shot since flu season is coming.
PROCEDURES PERFORMED: <ul style="list-style-type: none">• Physical Exam• Blood Pressure• Cholesterol Screening• Lipid Panel• Fasting Blood Glucose• Urinalysis• CBC• Comprehensive Metabolic Panel• Thyroid	PROCEDURES PERFORMED: <ul style="list-style-type: none">• Physical Exam• Blood Pressure• Cholesterol Screening• Lipid Panel• Fasting Blood Glucose• Urinalysis• CBC• Comprehensive Metabolic Panel• Thyroid	PROCEDURES PERFORMED: <ul style="list-style-type: none">• Lipid Panel• Physical Exam• Flu Shot• Urinalysis
DOCTOR CODES AND SUBMITS AS: Routine	DOCTOR CODES AND SUBMITS AS: Diagnostic	DOCTOR CODES AND SUBMITS AS: Some procedures as diagnostic, some as routine.
BENEFIT PAYMENT: The office visit is covered at 100 percent. The urinalysis, CBC, comprehensive metabolic panel and thyroid test would be denied since routine tests not listed on the Highmark Preventive Schedule are not covered.	BENEFIT PAYMENT: In this scenario, the urinalysis, CBC, comprehensive metabolic panel and thyroid test would be covered at her standard benefit level because they are performed as diagnostic, not routine. The remaining procedures and office visits are covered at the standard benefit level.	BENEFIT PAYMENT: The routine physical exam and flu shot are covered at 100 percent. The urinalysis would be denied since it is being performed as routine and is not on the Highmark Preventive Schedule. The lipid panel would be covered at her standard plan benefit payment level because it is being performed as diagnostic.